

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032476
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8138

FILED AUG 31 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Deaconess HospitalInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
3966 Federer Pl.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Hugh C. Gillick4. DATE
OF
DEATH Aug. 19, 19625. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Nov. 25, 19049. AGE (last birthday)
57IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Hugh C. Gillick

13b. MOTHER'S MAIDEN NAME

Imelda Wells

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) none

16. SOCIAL SECURITY NO.

17. INFORMANT
3966 Federer Pl., St. Louis, Mo.
Mrs. John Lindenfield18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
2 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes Mellitus

30 years

DUE TO (c)

Diabetes Gangrene Left Leg

260x

2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 30, 1962, to Aug. 19, 1962, and last saw him alive on Aug. 18, 1962
Death occurred at 225 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

St. Louis County, Mo.
950 Francis Pl.,22c. DATE SIGNED
8-20-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

burial

8-22-62

Calvary Cemetery

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

AUG 21 1962

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel C. Hill

Licensed Embalmer No.

4347

P. O. Address

6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.